

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000005489 (9)**

1. Corporation Name

FLORIDA DREAM TRAVEL, INC.



Principal Place of Business: **719 THIRD AVE NEW SMYRNA BCH FL 32169 US**
Mailing Address: **719 THIRD AVE NEW SMYRNA BCH FL 32169 US**

2. Principal Place of Business: **4166 SO. ATLANTIC AVENUE**
2a. Mailing Address: **4166 SO. ATLANTIC AVENUE**
21 Suite, Apt. #, etc.:
22 City & State: **NEW SMYRNA BEACH, FLORIDA**
23 Zip: **32169** Country: **USA**
24 City & State: **NEW SMYRNA BEACH, FLORIDA**
25 Zip: **32169** Country: **USA**

3. Date Incorporated or Qualified: **11/11/1992**
3a. Date of Last Report: **07/07/1995**
4. FEI Number: **59-3183777**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FERRARO, CYNTHIA
719 THIRD AVENUE
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **4166 SO. ATLANTIC AVENUE**
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Date) _____ (Signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | ST <input type="checkbox"/> DELETE | 1.1 TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FERRARO, CYNTHIA | 1.2 NAME | KLAUS BORNHOLDT |
| STREET ADDRESS | 719 THIRD AVENUE | 1.3 STREET ADDRESS | 4166 SO. ATLANTIC AVENUE |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 1.4 CITY-ST-ZIP | NEW SMYRNA BEACH, FLORIDA 32169 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | CYNTHIA FERRARO |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4166 SO. ATLATNIC AVENUE |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | NEW SMYRNA BEACH, FLORIDA 32169 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KLAUS BORNHOLDT** 04/23/96 (904) 427-4427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)